2007 ELECTION CYCLE CPR - SS 07-01

CANDIDATE REPORT OF 2007 RECEIPTS AND DISBURSEMENTS



Name of Candidate	Secretary of State
Address 200	Laurel Hill Dr county Olitible ha
Telephone (Work)	$\frac{359-3335}{662-325-6564}$ (Fax) $\frac{601-359-3879}{601-359-3879}$
Contact Name 7 4 10	Email Address
Office Sought_ Story	e Representative Political Party Democrat
Check here if above	e is different from previous report
	TYPE OF REPORT
TT TO 122	• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING • Mandatory
May 10, 2007	Periodic Report (January 1, 2007, through April 30, 2007)
June 8, 2007	Periodic Report (May 1, 2007, through May 31, 2007)
July 10, 2007	Periodic Report (June 1, 2007, through June 30, 2007)
July 31, 2007	Pre Election Report (July 1, 2007, through July 28, 2007)Primary Candidates
August 21, 2007	Pre Election Report (July 29, 2007, through August 18, 2007)Runoff Candidates
October 10, 2007	Periodic Report (July 1, 2007 through September 30, 2007)
October 30, 2007	Pre-Election Report (October 1, 2007, through October 27, 2007)
November 13, 2007	Pre-Runoff Report (October 28, 2007, through November 10, 2007)Runoff Candidates
January 10, 2008	Periodic Report (October 28, 200%, through December 31, 200%)
Termination Report expenditures and	(Candidate will no longer accept contributions or make campaign Required to terminate reporting obligations.) Required to terminate reporting obligations.
for total amount of reported cont	IMPORTANT even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) ributions and expenditures during this period.
	on report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in office must be in actual receipt o	actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the f the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 r FAX or otherwise within 48 hours	received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by sof the contribution. Use separate form "48 Hour Report" to report such activity.
	REPORTED CONTRIBUTIONS AND DISBURSEMENTS
	(itemized + non-itemized) Total This Period Calendar year-to-date
Total amount of contributions \$	*\$ \$2500= \$36,720.00
Total amount of disbursements \$	1,600, = 3020
	Total amount of cash on hand \$ /
I certify that I have e	xamiliand this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

1. Candidates for statewide, state district, multi-county and all legislative offices should return to the county and all legislative offices should return to the county and all legislative of the county and all legislat

Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

"AMENDED"

2008 ELECTION CYCLE CPR - SS 08-01(b)

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

n	E C EVINA E	F
h	FEB 0 6 2009	L
	Campaign Finance Secretary of State	

Name of Candidate Tyrone Ellis Campaign Finance
Address 200 Laurel Hill Drive County Oktrobe ha
Telephone (Work) 601-354-3335 (Home) 662-323-6564 (Fax) 601-359-3879
Contact Name Tyrane E II'S Email Address
Office Sought State Representative Political Party Demo crat
Check here if above is different from previous report
TYPE OF REPORT • CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •
October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008)
November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008)Runoff Candidate
January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008)
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations
IMPORTANT
(1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zer for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period Calendar year-to-date	te
Total amount of contributions \$	+\$	\$28,140.00 \$28,140.00	<u>0</u>
Total amount of disbursements \$	+\$	\$ 10 208. 2 \$ 10, 208. 9	
^	Total amount of cash on hand	\$ 17 931 51	
(Signature of Candidate)		e and belief it is true, accurate, and complete.	
Authority: Refer to Miss. Code Ann. §23-15-	801 (1972) et. seq. for statutory requirements.		

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Secretary of State Capitol Office

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Name of Candidate or Committee Tyrone Ellis

Reporting period Tan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Cable PAC MCTA	08 1251 08	2,000.00
P.D. Box 55867		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
MS Coble & Telecam. Assic. Occupation (Required)	Aggregate year–to-date	\$2,000.00
B. Source: Corporation PAC Individual Loan		Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Worth Thomas WT Consultants	09 12 108	\$ 1.000.00
Mailing Address		\$
P.O. Box 874	_'_'_	
Sack Son, MS 39205		\$
Name of Employer (Required) Con Sultants		\$
Occupation (Required) Cort. Affairs Consultant	Aggregate year-to-date	\$1,008.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	80180190	
Sharley M. Mock Mailing Address	91,00,00	\$300.9
3061 Wells RD.	'	
City, State, Zip Code		\$
Ray mon 2 MS 39154 Name of Employer (Required)		\$
Mock's Consulting	'	*
Gout. Affairs Consultant	Aggregate year–to-date	\$300 =
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
□ Other (please specify)	(Mo., Day, Year)	this period
Full name TroNOX, LLC	09104108	\$ 1,000 =
Mailing Address		\$
City, State, Zip Code Hamilton, MS 39746		\$
Name of Employer (Required)		\$
Occupation (Required) Govt. Affairs	Aggregate year–to-date	\$ 1,000 00

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Name of Candidate or Committee Tyrone Ellis

Reporting period Ton. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

	20.	
A. Source: □ Corporation □ PAC ☑ndividual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Paul Carpenter	<u>68 1 201 08</u>	\$1,00000
Mailing Address PO Box 1101		\$
City, State, Zip Code Grenada, MS 38402-1101		\$
Carpenter Construction		\$
Occupation (Required) O where	Aggregate year–to-date	\$1,000-00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Com Cast	09 1 16 1 68	\$1,000-
Mailing Address 1701 John F. Kenned, Bowlevard City, State, Zip Code		\$
City, State, Zip Code Philadelphia, PA 19103-2838		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$1,000,0
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A + A of Typelo, DB A Globe Distributing	1211108	\$1,000 9
Mailing Address 120 E. Franklin St.		\$ '
Tupelo, MS 38804	_'_'_	\$
Name of Employer (Required) Globe Distributing		\$
Occupation (Required) Gov + Hairs	Aggregate year–to-date	\$ 1,000-=
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ATAT MS PAC	09 129108	\$1,0000
Mailing Address 175 E. Capital St		\$
City, State, Zip Code Jackson, MS 39201		\$
Name of Employer (Reguired)		\$
Occupation (Required)	Aggregate year–to-date	\$1,000,00

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Page	\sim	of	1 (

Name of Candidate or Committee Typone Ellis

Reporting period Tonn, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: □ Corporation ♥ PAC □ Individual □ Loan	2000	Amount of each
A. Source. Corporation St AO Bindividual B Edan	Date (Ma Day Year)	receipt
□ Other (please specify)	(Mo., Day, Year)	this period
Full name Missirsippi Bail Agents Arsw.	09160108	\$1,00000
Hailing Address 413 South President St. Suite 111		\$ -
City, State, Zip Code 3920 (\$
Name of Employer (Required) NS Bail Agents Association		\$
Occupation (Required)	Aggregate year-to-date	\$1,000=00
B. Source: Corporation PAC Individual Loan		Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	receipt this period
Mississippi Power Company State PAC	09 103 108	\$1,000 00
Mailing Address		\$
City, State, Zip Code	1 1	\$
Name of Employer (Required)		\$
MS Power Company	''	
Occupation (Required)	Aggregate	\$ (000.00
GOVD ATTAINS	year-to-date	160002
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt this period
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address 770 North West St. City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Corporation PAC Individual Loan Other (please specify) Full name William Bozevan Mailing Address 770 North West St. City, State, Zip Code JackSon MS 39265 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Corporation PAC Individual Loan Other (please specify) Full name William Bozevan Mailing Address 770 North West St. City, State, Zip Code Jackson MS 39205 Name of Employer (Required) W.B. Con Solidated	Date (Mo., Day, Year)	Amount of each receipt this period \$ 900 =
C. Source: Corporation PAC Individual Loan Other (please specify) Full name William Bozevan Mailing Address 770 North West St. City, State, Zip Code JackSon MS 39265 Name of Employer (Required)	Date (Mo., Day, Year) 2 08 2 08 2 08	Amount of each receipt this period \$ 900
C. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address 770 North West St. City, State, Zip Code City, State, Zip Code Name of Employer (Required) W.B. Con Soli data Occupation (Required) Cov T. Pattain	Date (Mo., Day, Year)	Amount of each receipt this period \$ 900 = \$
C. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address 770 North West St. City, State, Zip Code Name of Employer (Required) W.B. Con Soli data Occupation (Required) Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) B / 2 / 08 - / _ / _ / - / _ / _ Aggregate year-to-date Date	Amount of each receipt this period \$ 900 = \$ \$ \$ Amount of each receipt
C. Source: Corporation PAC Individual Loan Other (please specify) Full name POZEMA Mailing Address 770 North West St. City, State, Zip Code Name of Employer (Required) W.B. Con Solidated Occupation (Required) Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) B / 2 / 08 - / - / - / - / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 900 = \$ \$ \$ 400 = 400
C. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address To North West St. City, State, Zip Code Name of Employer (Required) W.B. Con Solidated Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name PAC Mississippi	Date (Mo., Day, Year)	Amount of each receipt this period \$ 900 00 00 00 00 00 00 00 00 00 00 00 00
C. Source: Corporation PAC Individual Loan Other (please specify) Full name Dozerow Mailing Address To North West St. City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name PAC Sor	Date (Mo., Day, Year)	Amount of each receipt this period \$ 900 = \$ \$ \$ 400 = 400
C. Source: Corporation PAC Individual Loan Other (please specify) Full name Pac Pace Pace Mailing Address Pace Pace Pace Pace Pace Pace Pace Pace	Date (Mo., Day, Year)	Amount of each receipt this period \$ 900 = \$ \$ \$ 400 = 400 = 40

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Page	4	of	bl

Name of Candidate or Committee Tyrone Ellis

Reporting period Ton. 1, 2008 through Dec. 34, 2008

ITEMIZED RECEIPTS

A. Source: Corporation DPAC Individual Decan	Date (Mo., Day, Year)	Amount of each receipt
Under (please specify)	100270	this period
Weyerhaeuser	09 19 108	1,000-
Mailing Address PoBox 9769	_'_'_	\$
City, State, Zip Code Federal Way, WA 98063-9269		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$4,000-00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name At Mos Enersy PAC	09/18/08	6 40
Mailing Address 5430 LBJ FreeWay Suite 160		\$
City, State, Zip Code Dallas TX 75240		\$
Name of Employer (Required) A TABLE OF Energy		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000.
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Den Bury	09 1 16 108	\$1,000
Mailing Address Tenny 5 on Parkway Shite 1200	 //	\$
City, State, Zip Code 75024	11	\$
Name of Employer (Required) Den Bury		\$
Occupation (Required) (70) Hair 5	Aggregate year-to-date	\$1,000 =
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi Consumer Finance Association	07/16/08	\$ 985-08
Mailing Address' 3 Lakeland Circle, Suite 201	11	\$
City, State, Zip Code Jack Son, MS 39216-5006		\$
MS Con Sumer Finance Assoc.		\$
Occupation (Required) Gat. Affairs	Aggregate year–to-date	\$985,00

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Name of Candidate or Committee Tyrone Ellis					
Reporting period I an 1 2 a B through Dec. 31,2	2008				
ÎTEMIZED RECEIP	TS				

A. Source: Corporation DAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name First Heritage Ctedit LLC	08 127108	\$ 1,000.00
605 Crescent Bluz Suite 101		\$ '
City, State, Zip Code Sidgeland, Mr. 39157		\$
Name of Employer (Required) First Heritage Chedit LLC Occupation (Required)		\$
CONT. Attacks	Aggregate year–to-date	\$1,000.00
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cherron Products Company	09/09/08	\$ 50000
Mailing Address P.D. Box 1300		\$
City State, Zip Code OSC 9 0 1		\$
Chevron Cobucts Company		\$
Occupation (Required)	Aggregate year–to-date	\$500.99
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full pame Mississippi Dental PAC	0913108	\$ 5000
2630 Ridgewood Road, Ste.C		\$
City, State, Zip Code 5 Tack Son MS 3921 6-4920		\$
Name of Employer (Required) Mir Stistippi Denta LPAC Assoc.		\$
Occupation (Required)	Aggregate year–to-date	\$500=
D. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pfizer INC.	67128108	\$ 500 =
Mailing Address 412 Main Street, Suite 2018	'	\$
Franklin TN 37064	11	\$
Name of Employer (Required) PFizer Inc.		\$
Occupation (Required)	Aggregate year–to-date	\$500.2

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Name of Candidate or Committee Typone Ellic

Reporting period Jan. 1, 2008 through Dec. 31, 2058

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(INO., Day, Teal)	this period
Full name Tronox Inc. PAC MS ACETS	09/04/08	\$ 500.00
Mailing Address		\$
City, State, Zip Code Hamilton, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$50000
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Merck and Company	07/21/08	
Mailing Address POBox 4		\$
City, State, Zip Code West Point, PA 19486-6004		\$
Name of Employer (Required) Nerck and Company		\$
Govt. Affairs	Aggregate year–to-date	\$ 500.00
C. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anheuser-Busch, Inc.	09/12/08	\$ 50000
Mailing Address One Busch Place		\$
St. Louis, No 63118-1852		\$
Name of Employer (Required) Anheuser-Busch, Inc	11	\$
Occupation (Required) Covt. Affairs	Aggregate year-to-date	\$ 500.99
D. Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brian Cooper	11/04/08	\$ 500 99
916 Lily Check Resort Rd.		\$
James Town, Ky 42629		\$
Name of Employer (Required) Self Employed	11	\$
Occupation (Required) Consultant	Aggregate year-to-date	\$50000
	A THE RESIDENCE OF THE PARTY OF	

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Name of Candidate or Committee Typone Ellis

Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

•		
A. Source: Corporation DPAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
□ Other (please specify)	(MO., Day, Tear)	this period
Full name Motorola	10129108	\$ 500 9
Mailing Address Po. Box 68429 City, State, Zip Code		\$
City, State, Zip Code Schaum burg, Illinois 60168 Name of Employer (Required)		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$500 =
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt
Full name a		this period
Mississippi Automobile Dealers Assoc.	08125108	\$ 440.00
Boo Woodlands Parkway Suite 100		\$
City, State Zip Code Ridgeland, MS 39157		\$
Name of Employer (Required) MS Automobile Dealers Association		\$
Occupation (Required) GOVT. Attains	Aggregate year-to-date	\$44000
C. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CC, Clark, Inc.	08/19/08	\$ 3000
Mailing Address POBOX 988		\$
City, State, Zip Code Bowling Ereen, Ky 42102	1 1	\$
Name of Employer (Required)		\$
Occupation (Required) A.M.	Aggregate	\$300.00
D. Source: Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Home Builders Assoc, of Mississippi	08126108	\$446.00
Mailing Address PO Box 3556		\$
City, State, Zin Code 2 ac/L Son MS 39207-3556		\$
Name of Employer (Required) The Blooms Assoc, 2 Ms		\$
Occupation (Required) Govt, Affairs	Aggregate year–to-date	\$4400

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Name of Candidate or Committee Typone Ellis

Reporting period Tan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
□ Other (please specify)	(Mo., Day, Year)	this period
Full name Pharmaceutical Research + Mfg. & Amorica	12/19/08	\$ 500.00
Mailing Address 950 F. Streat, NW		\$
City, State, Zip Gode Washington, DC 20004	'	\$
Name of Employer (Required) Marmaceutical Research + Mfg, of America		\$
Occupation (Required) COUT. Affairs	Aggregate year-to-date	\$ 500 00
B. Source: Corporation DPAC Individual Dean		Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full namé Richar & Brown	09 110108	\$ 500 3
Mailing Address P.O. Box 1132		\$
City, State, Zip Code Jackson Mr 39215	!!	\$
Name of Employer (Required)		\$
Occupation (Required) Consultant Gort- Affaire	Aggregate year-to-date	\$ 50000
C. Source: Corporation PAC Individual Loan		Amount of each
C. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stephen Clan		receipt this period
Full name Stephen Clay Mailing Address P. O. Box 217	(Mo., Day, Year)	receipt this period
Full name Stephen Clay Mailing Address P.O. Box 217 City, State, Zip Code Jack Son. MS 3 9.205	(Mo., Day, Year)	receipt this period
Full name Stephen Clay Mailing Address P. O. Box 217 City, State, Zip Code Jack Son, MS 3 9205 Name of Employer (Required) The Clay Firm	(Mo., Day, Year)	receipt this period \$ 500 = \$
Full name Stephen Clay Mailing Address P. O. Box 217 City, State, Zip Code Jack Son, MS 3 9205 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 500 \(\frac{9}{2} \) \$
Full name Stephen Clay Mailing Address O Box 217 City, State, Zip Code Jack Son, M 3 9205 Name of Employer (Required) The Clay Firm Occupation (Required)	(Mo., Day, Year) 08 / 21 / 08 / / / / Aggregate year-to-date	receipt this period \$ 500 \frac{90}{2}\$ \$ \$ Amount of each
Other (please specify) Full name Mailing Address O Box 217 City, State, Zip Code Jack Son M 3 9 2 0 5 Name of Employer (Required) Occupation (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08 / 21 / 08 / / / / Aggregate	receipt this period \$ 500 \(\frac{90}{2} \) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Stephen Clay Mailing Address O. Box 217 City, State, Zip Code Jack Son M 3 9 205 Name of Employer (Required) Occupation (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Full name Full name	(Mo., Day, Year) 08 / 21 / 08 / / / / Aggregate year-to-date Date	receipt this period \$ 500 \(\frac{9}{2} \) \$ \$ \$ Amount of each receipt
Full name Stephen Clay Mailing Address P. O. Box 217 City, State, Zip Code Jack Son M 3 9 2 0 5 Name of Employer (Required) Occupation (Required) D. Source: **Corporation PAC Individual Loan Other (please specify) Full name Atertain ment Software Assoc. Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address	(Mo., Day, Year) 08 / 21 / 08 / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500
Other (please specify) Full name Stephen Clay Mailing Address O Box 217 City, State, Zip Code Jack Son M 3 9 205 Name of Employer (Required) The Clay Firm Occupation (Required) D. Source: **Description** PAC Individual Loan Other (please specify) Full name Atenta next Software Assoc. Mailing Address The Street NW, Suite 300 City, State, Zip Code Washing Hdn, D C 20004	(Mo., Day, Year) 08 / 21 / 08 / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500 99 \$ \$ \$ \$ Amount of each receipt this period \$ 500 99 \$
Full name Stephen Clay Mailing Address P. O. Box 217 City, State, Zip Code Jack Son, M. 39205 Name of Employer, (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Atertain ment Software Assoc. Mailing Address	(Mo., Day, Year) 08 / 21 / 08 / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500
Other (please specify) Full name Stephan Clay Mailing Address O Box 217 City, State, Zip Code Jack Son M 3 9 205 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Atertain ment Software Asoc. Mailing Address 575 Mailing Address Mai	(Mo., Day, Year) 08 / 21 / 08 / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500 \(\frac{9}{2} \) \$ \$ \$ \$ \$ Amount of each receipt this period \$ 500 \(\frac{9}{2} \) \$ \$

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Page	1	of	$\perp \perp$	

Name of Candidate or Committee Typone Ellis
Reporting period Jan. 1, 2008 through Dec 31, 20

1, 2008 through Dec 31, 2008 ITEMIZED RECEIPTS

		
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Check INto Carh, Inc.	09 1251 08	0.00
Mailing Address P.O. Box 550		\$
Cleveland, Tn 37364-0550	'	\$
Name of Employer (Required) Community Financial Services Aurorg America		\$
Occupation (Required) Affairs	Aggregate year-to-date	\$25099
B. Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Buddy Medin & Arraciates, Inc	09103108	\$ 275-00
Mailing Address J 1069 No. West St.	11	\$
City, State, Zip Code	1 1	\$
Name of Employer (Required)		\$
5-21-5	_'_'_	•
Occupation (Required) FORT Affairs Consultant	Aggregate year-to-date	\$275.00
C. Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Miss. Mfg, Assoc. PAC	08 129 108	\$ 25000
Mailing Address PO Rox 22667		\$
City, State, Zip Code		\$
Name of Employer (Required) 1 MS Mfg, ASSOC.		\$
Occupation (Required)	Aggregate year-to-date	\$ 25000
D. Source: Corporation PAC Individual Loan	Date	Amount of each
☐ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Abbott Employee Political Artin Committee	10/06/08	\$250 29
Hailing Address 4708 Hill dale Drive		\$
City, State, Zip Code Knox Ville, IN 37914	!!	\$
Name of Employer (Required) Abbott Laboratories, Inc.		\$
Occupation (Required) Govt, Affairs	Aggregate year–to-date	\$2500

Page	10	of	11	

Name of Candidate or Committee Tyrone Ellis

Reporting period Tan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eli Lilly and Company	11/19/08	\$ 250 00
Mailing Address	'	\$
City, State, Zip Code Indiana Palis, Indiana 46285 Name of Employer (Required)		\$
Name of Employer (Required) Eli-Lilly + Company Occupation (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$250.99
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt
Full name	09 108 108	\$ 500 2
Miss Concrete Industrias Assoc	, ,	\$
6700 Old Canton Rd, Suite-K City, State, Zip, Code	'	\$
Ridgeland, MS 39157 Name of Employer (Required)	''	
Mr Concrete I noust rie Association	'	\$
Occupation (Required) Afforms	Aggregate year-to-date	\$500 99
C. Source: Corporation CPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name PAPACaM ACRE	12115108	\$ 100000
Mailing Address		\$
City, State, Zip Code Tackfor MS,		\$
Name of Employer (Required) Electric Course Autoc. 2 Mississippi		\$
Occupation (Required)	Aggregate year-to-date	\$1,000 00
D. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt
Full name	11 125108	\$ / AAA @
/ 4 / 1		*/. 000
Mailing Address Mailing Address	1 1	•
Mailing Address City, State, Zip Code	!!	\$
00000 0 0000000000		\$
City, State, Zip Code	//	

Name of Candidate or Committee Tylone Ellis

Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

		,
A. Full name American Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/04/08	\$ 1494.16
City, State, Zip Code	08 126 108	\$ 2,000.00
Purpose of Disbursement (Optional) Through - Mandy - Lode: m. (D) Can Page 1 DNC	Aggregate Year-to-date	\$3.494.16
Purpose of Disbursement (Optional) Travel-peols-Lodgin @ Campaign DNC B. Full name Definition Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 15 108	\$ 2355.99
City, State, Zip Code		\$
Purpose of Disbursement (Optional) Reimforms mat @ DNC Transl/fode;	Aggregate Year-to-date	\$2,355,00
C. Full name White Lake Country Club Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
	09/08/08	\$2,000,00
City, State, Zip Code Multiple Miles Mile	//_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,000 %
G014 100001. 2 All . G. G.		
Oslf Tomo. EXP. Green dees D. Full name M_ Alister's Deli	Date (Mo., Day, Year)	Amount of each disbursement this period
ME Alisters Deli Mailing Address	Date	Amount of each disbursement this period
Mailing Address City, State, Zip Code	Date (Mo., Day, Year)	Amount of each
Mailing Address City, State, Zip Code Madi Son M Purpose of Disbursement (Optional) Lunch D Golf Town, Exp	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address City, State, Zip Code Madison, M Purpose of Disbursement (Optional) Lunch D Golf Town, EXP E. Full name Associates	Date (Mo., Day, Year) Old / Old / Old Aggregate	Amount of each disbursement this period \$ 542. 79
Mailing Address City, State, Zip Code Mailing Address Purpose of Disbursement (Optional) Lunch D Golf Town, Exp E. Full name Address Mailing Address Pay Rep	Date (Mo., Day, Year) OL/OL/OS Aggregate Year-to-date Date	Amount of each disbursement this period \$ 542.79 \$ 42.70 Amount of each
Mailing Address City, State, Zip Code Mail Son M Purpose of Disbursement (Optional) Lunch D Golf Town, Exp E. Full name Address Mailing Address City, State, Zip Code Stalkville, MC 39760	Date (Mo., Day, Year) OL/OL/OS Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 542.75 \$ 442,75 Amount of each disbursement this period
Mailing Address City, State, Zip Code Mailing Address Purpose of Disbursement (Optional) E. Full name Associates Mailing Address City, State, Zip Code State, Zip Code Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) Page Page Associates Purpose of Disbursement (Optional)	Date (Mo., Day, Year) OL/OL/OS Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 542. 70 Amount of each disbursement this period \$ 1, 500 92 \$
Mailing Address City, State, Zip Code Mailing Address Purpose of Disbursement (Optional) Lunch D bolf Town, Exp E. Full name Address Mailing Address City, State, Zip Code State in the image of Disbursement (Optional) Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) F. Full name	Date (Mo., Day, Year) Old / Old / Old Aggregate Year-to-date Date (Mo., Day, Year) Old / 15 / 08 Aggregate	Amount of each disbursement this period \$ 542.72 Amount of each disbursement this period \$ 1,500 22 \$
Mailing Address City, State, Zip Code Mailon M Purpose of Disbursement (Optional) Lunch D bold Town, EXP E. Full name Address City, State, Zip Code City, State, Zip Code Shiring Address Purpose of Disbursement (Optional) F. Full name Cellular South Mailing Address	Date (Mo., Day, Year) OL/OL/OS // Aggregate Year-to-date Date (Mo., Day, Year) OL/OS // Aggregate Year-to-date Date OL/OS Date	Amount of each disbursement this period \$ 542. 70 Amount of each disbursement this period \$ 1,500 Amount of each disbursement this period \$ 1,500 Amount of each disbursement this period \$ 1,500
Mailing Address City, State, Zip Code Madison, M Purpose of Disbursement (Optional) Lunch D fold Town, Exp E. Full name Associates Mailing Address City, State, Zip Code Statistic May 18 9760 Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) F. Full name Cellular South	Date (Mo., Day, Year) Ol. / Ol. / Ol. Aggregate Year-to-date Date (Mo., Day, Year) Ol. / Ol. Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 542.70 Amount of each disbursement this period \$ 1,500 Amount of each disbursement this period \$ 2500 Amount of each disbursement this period \$ 3500
Mailing Address City, State, Zip Code Madison M Purpose of Disbursement (Optional) Lunch D Golf Town, Exp E. Full name Address City, State, Zip Code State I Donce I Associate Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) F. Full name Cellular South Mailing Address City, State, Zip Code	Date (Mo., Day, Year) Ol. / Ol. / Ol. Aggregate Year-to-date Date (Mo., Day, Year) Ol. / Ol. Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 542.70 Amount of each disbursement this period \$ 1,500 Amount of each disbursement this period \$ 316.63